

8-11-04

## PART B - FEE(S) TRANSMITTAL

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**Commissioner for Patents**  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23581 7590 06/29/2004

KOLISCH HARTWELL, P.C.  
 520 S.W. YAMHILL STREET  
 SUITE 200  
 PORTLAND, OR 97204

Express Mail #  
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO on the date indicated below.

Robert D. Varitz	(Depositor's name)
<i>Robert D. Varitz</i>	(Signature)
August 10, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/001,949	11/13/2001	Ronald H. Selvester	PAN 311	8857

TITLE OF INVENTION: MYOCARDIAL INFARCT DETECTING, SIZING AND LOCATING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHAETZLE, KENNEDY	3762	600-509000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jon M. Dickinson, P.C.  
 2 Robert D. Varitz, P.C.  
 3 \_\_\_\_\_

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Innovise Medical, Inc. Portland, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-0258 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Robert D. Varitz (Date) August 10, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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08/12/2004 SHASSEN2 00000047 10001949

01 FC:2501 665.00 OP

08/12/2004 SHASSEN2 00000048 10001949

01 FC:1504 300.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Ronald H. Selvester

Customer Number: 23855

Attorney Docket: PAN.311 (J-NOV.1019)

Confirmation No: 8857

August 10, 2004

Serial No.: 10/001,949

Group #: 3762

Filed: November 13, 2001

Date of Notice of Allowance: June 29, 2004

For: Myocardial Infarct Detecting, Sizing and Locating

Examiner: Schaetzle Kennedy

MS ISSUE FEE c/o TECHNOLOGY CENTER 3700  
Commissioner for Patents  
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Alexandria, Virginia 22313-1450

Sir:

**PAYMENT OF ISSUE FEE**

Enclosed for filing in the above-identified application are a completed copy of PTOL Form 85B, PTO/SB/122, a power of attorney in favor of the undersigned, and two PTO Form 2038 credit card authorizations in the amounts of \$665.00 + \$300.00, to pay the issue and publication fees, respectively.

Customer Number

Respectfully Submitted,

23855

ROBERT D. VARITZ, P.C.

Robert D. Varitz  
2007 S.E. GRANT STREET  
Portland, Oregon 97214

Registration No: 31436  
Telephone: 503-720-1983  
Facsimile: 503-233-7730

RDV:bd  
enc.



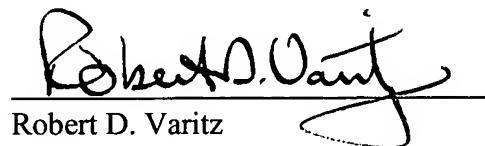
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I hereby certify that the attached completed copy of PTOL Form 85B, PTO/SB/122, a power of attorney in favor of the undersigned, and two PTO Form 2038 credit card authorizations in the amounts of \$665.00 + \$300.00, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to:

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450



A handwritten signature in black ink, appearing to read "Robert D. Varitz". Below the signature is a horizontal line.

Robert D. Varitz